

POSITION	INITIALS	ID NO.	DATE
	<i>m G</i>		<i>8/30/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			<i>9-5-00</i>
FORMALITY REVIEW	<i>LT</i>	<i>811</i>	<i>10/16/00</i>
RESPONSE FORMALITY REVIEW	<i>lt</i>	<i>907</i>	<i>4-16-01</i>
	<i>lt</i>	<i>907</i>	<i>9-28-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
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56	✓	✓	
57	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

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9/25/01